

Name
in
Full

Mary Brooks Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Church Hill

Town

County

MARYLAND

Date of death 1900 Month Feb Day 21

Years

Months

Days

Age 31

9

14

2nd

Sex Female

Color or
Race

Black

Birth
place

Queen Anne's Co.

Occupation

Housework

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Chas. Brown

Father's
Birthplace

Kent Co. Md.

Father's
Name

William Brooks

Mother's
Birthplace

Queen Anne's Co.

Mother's
Maidan Name

Elizabeth Hall

How related
to deceased

Mother

Name of person giving
Information

Elizabeth Hall

CAUSES OF DEATH

Primary

Peritonitis (Puerperal)

13

Immediate

Hemorrhage and Asthnia

8 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

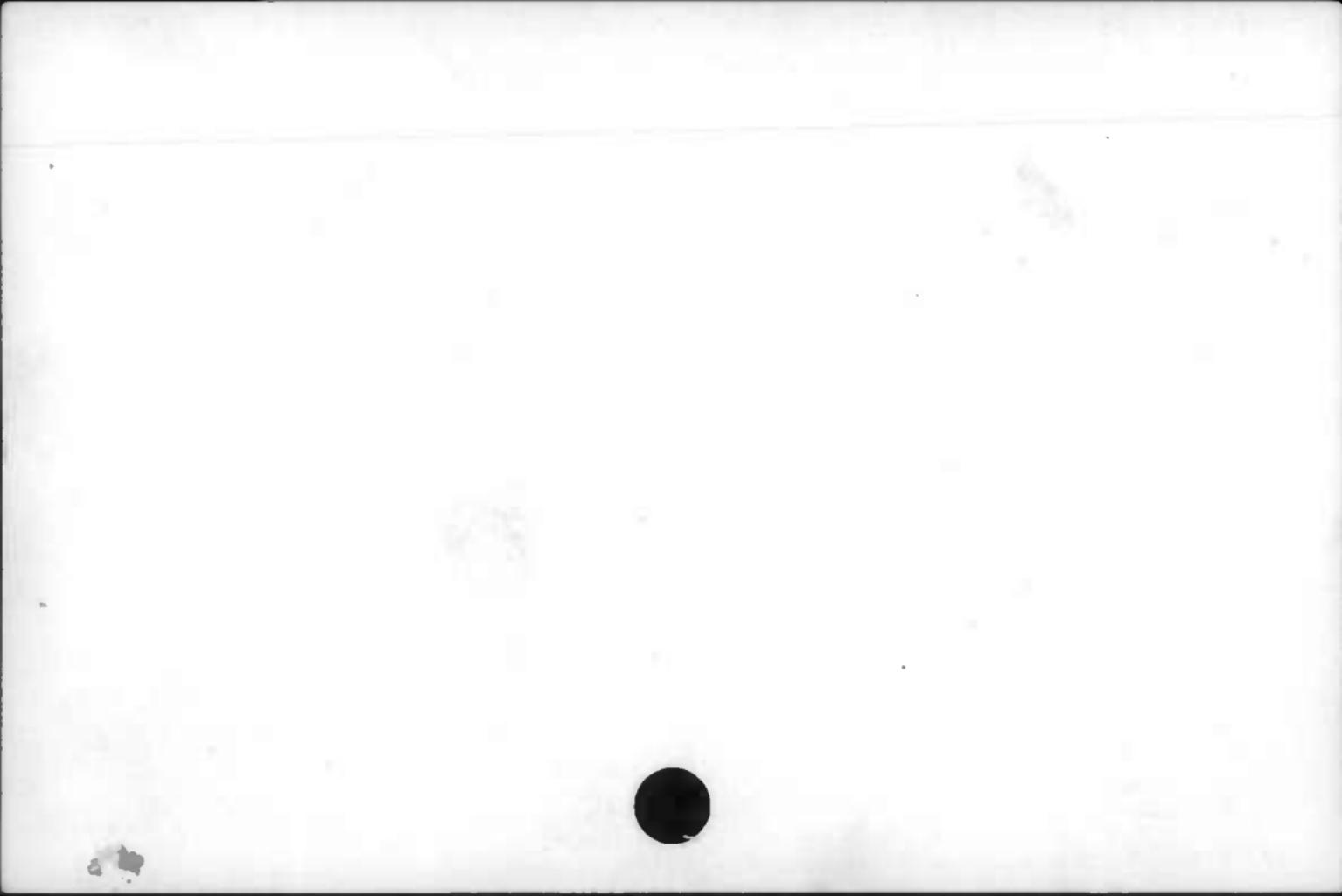
J. G. Copasoy

Address

Church Hill

Md

Accident or Suicide



Name
in
Full

Rebecca J Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Salem</u>		Town <u>Salem</u>		County <u>Salem</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>2</u>	Day <u>2</u>	Age <u>76</u>	Years <u>76</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White American</u>	Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jas. D. Clark</u>						
Father's Name <u>James English</u>			Father's Birthplace <u>Delaware</u>				
Mother's Maiden Name <u>Sarah Buckingham</u>			Mother's Birthplace <u>"</u>				
Name of person giving information <u>W. D. Clark</u>			How related to deceased <u>Son</u>				

CAUSES OF DEATH

64

How long

for 6 yrs

How long

10 days

Primary

Atherosclerosis

Immediate

Stroke & Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

yes

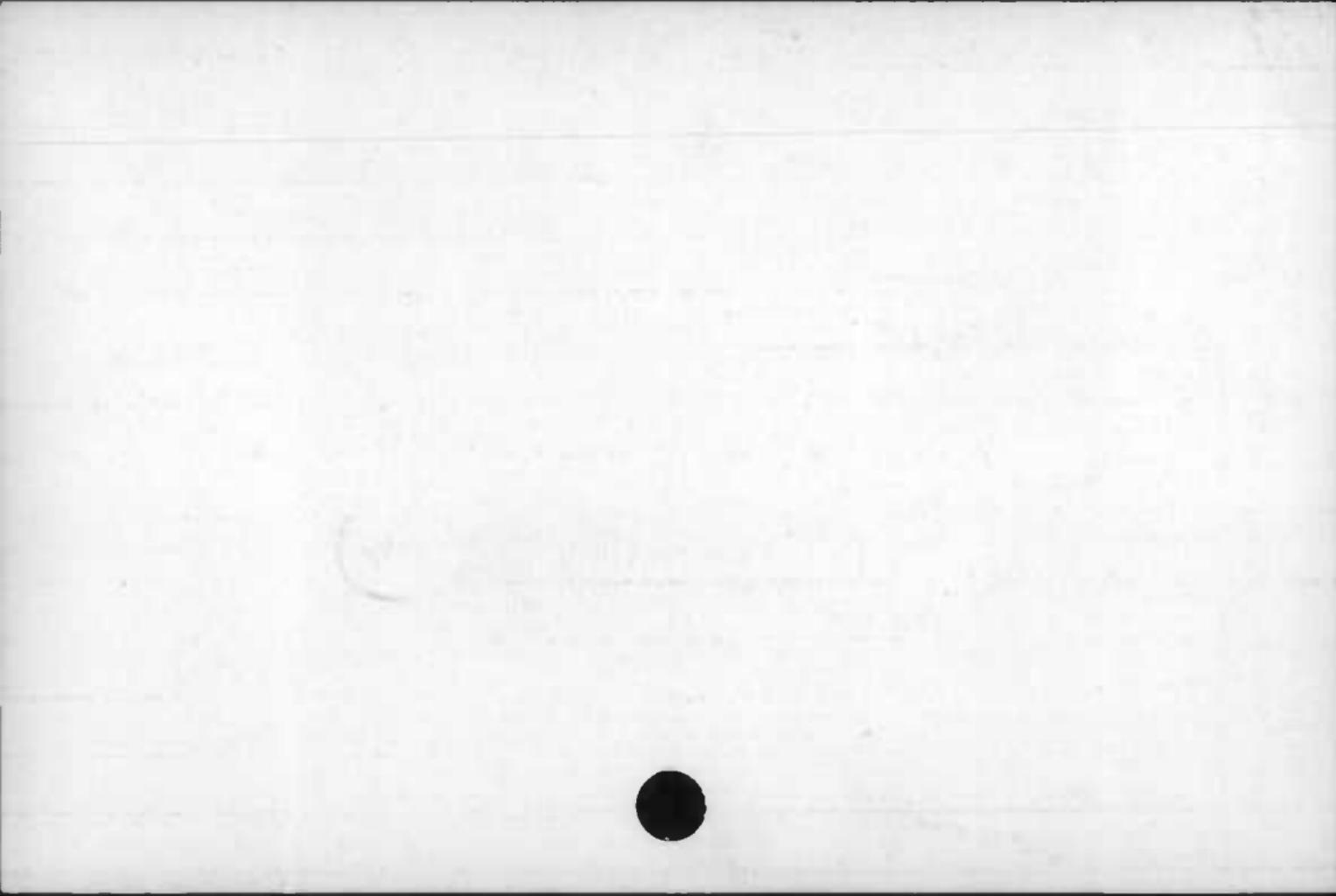
Signature of Physician

Address

Imperial
Delaware

Accident or Suicide?

no



Name
in
Full

Benjamin F. Cosden

CERTIFICATE OF DEATH

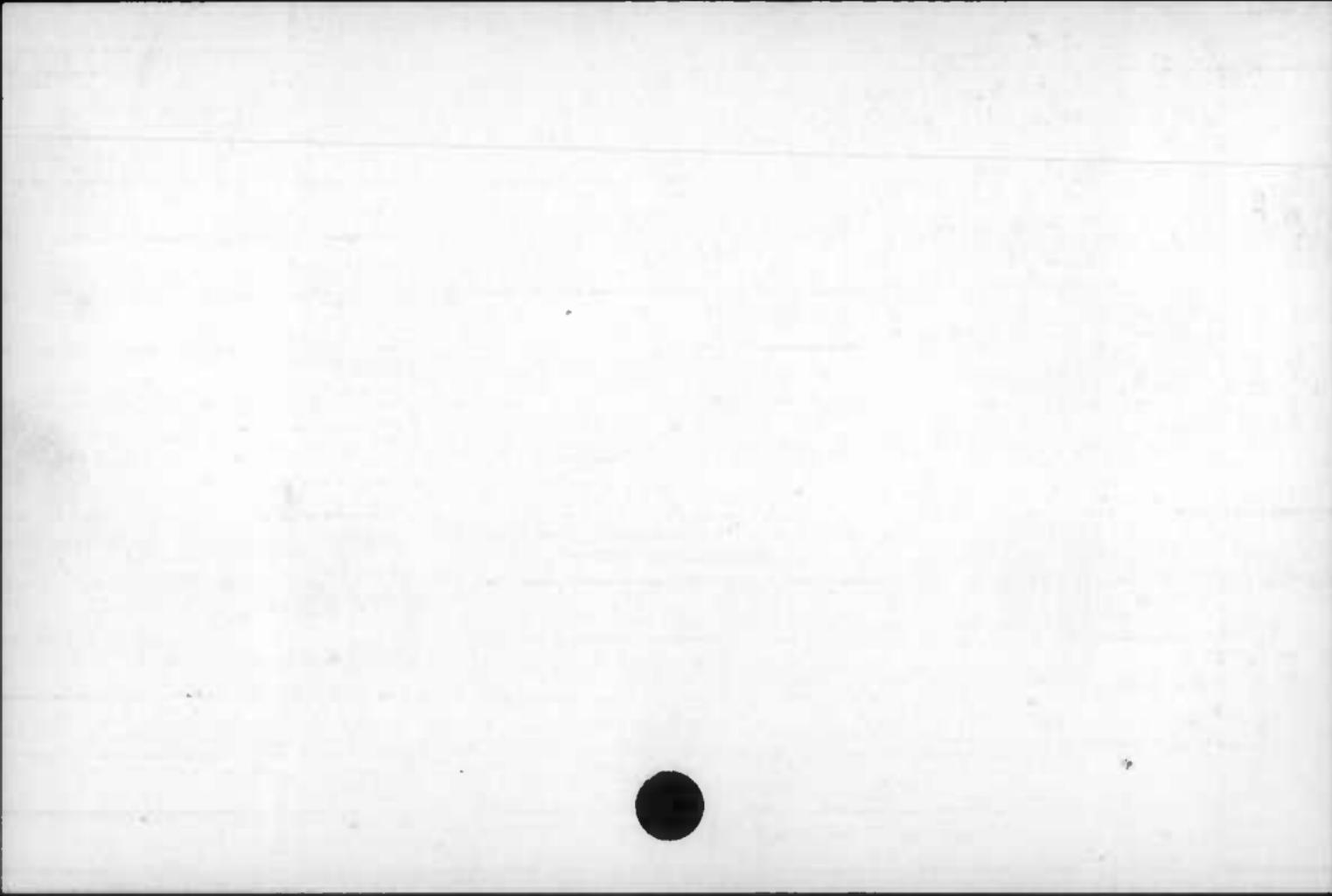
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	Co	County	MARYLAND	
Date of death	1910	Month Feb	Day 4	Years 66	Months 5	Days
Sex	Male	Color or Race	White	Birth-place	New Jersey	
Occupation	Farmer					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah F. Cosden			
Father's Name	James Cosden					Father's Birthplace
Mother's Maiden Name	Frances Parkfield					Mother's Birthplace
Name of person giving information	wife H. P. Cosden					How related to deceased
CAUSES OF DEATH						
Primary	Laryngeal Tuberculosis					26 V
Immediate	Inflammation					How long 2 yrs
Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician	John J. Cosden M.D.
					Address	Bethesda, Md.

Accident or Suicide?

No



Name
in
Full

Benjamin Crumver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

near Burfitts Died at	Town Centreville	County Queen Anne's	MARYLAND		
Date of death 1910	Month Feb.	Day 11	Years 45-0	Months —	Days —
Sex Male	Color or Race Negro	Birth- place Queen Anne's Co.			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Benjamin Crumver	Father's Birthplace Queen Anne's Co.				
Mother's Maiden Name Henrietta	Mother's Birthplace " " lo				
Name of person giving Information W. Thompson	How related to deceased Brother in Law				

CAUSES OF DEATH

178 ✓

PHYSICIAN
OR CORONER

Primary
Exposure to Cold

How long

immediate
Heart. Lesion

How long

Are the name, age, sex, color, date
and place correctly given above?

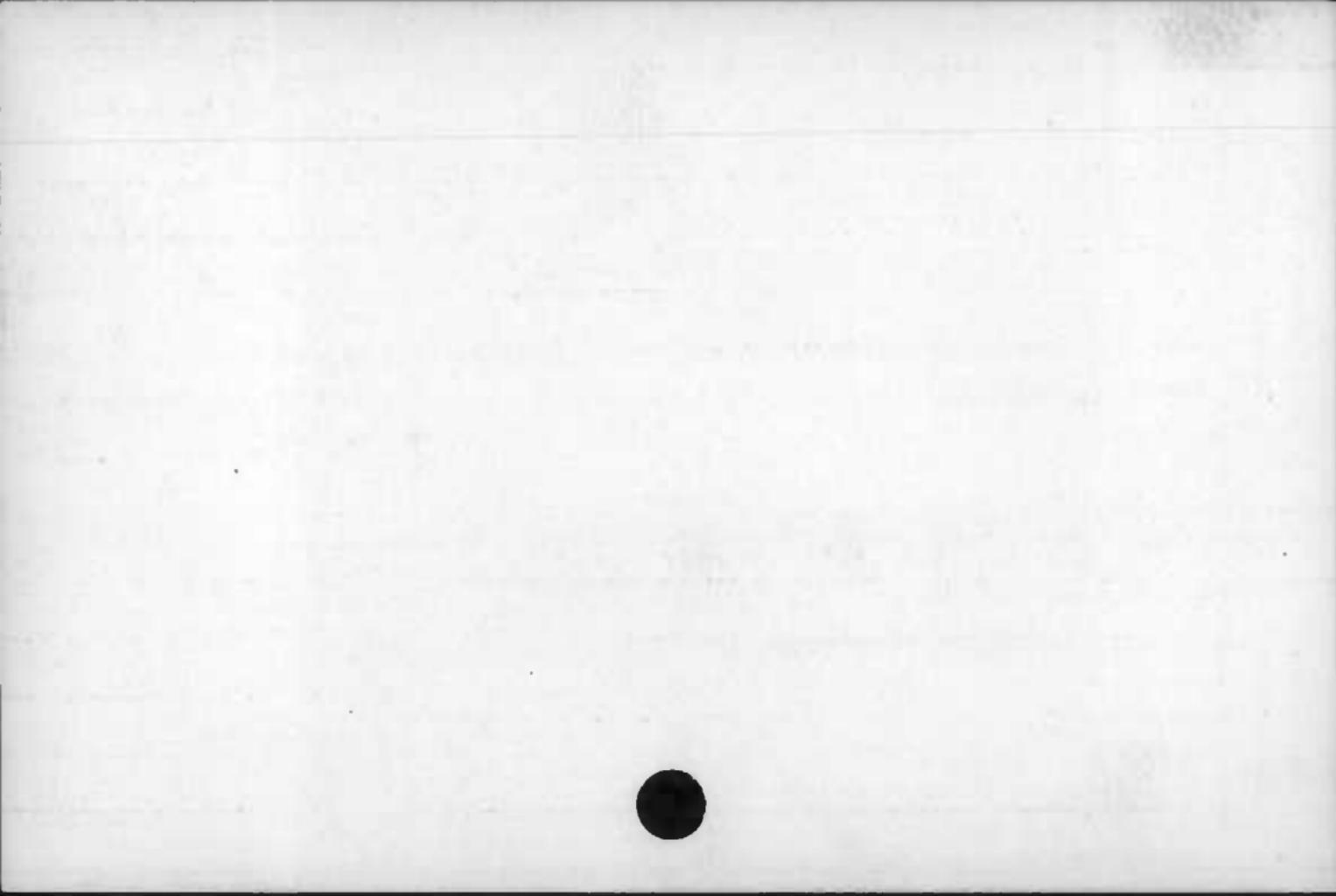
Yes

Signature of
Physician
E. F. Smith

Address
Centreville

Accident or Suicide?

Md.



Name
in
Full

charles Joseph Louis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at on a farm Town Dearborn County MARYLAND
Date of death 1900 Month February Day 22 Years 51 Months 1 Days 0
Sex Male Color or Race colored Birthplace Maryland
Occupation
Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband
Father's Name Joseph Louis Father's Birthplace Baltimore Co.
Mother's Maiden Name Sarah Pierce Mother's Birthplace Baltimore
Name of person giving Information Joseph Louis How related to deceased Factor

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH
Primary Pneumonia
Secondary Insanity
Convolusions

Immediate

Are the name, age, sex, color, date and place correctly given above?

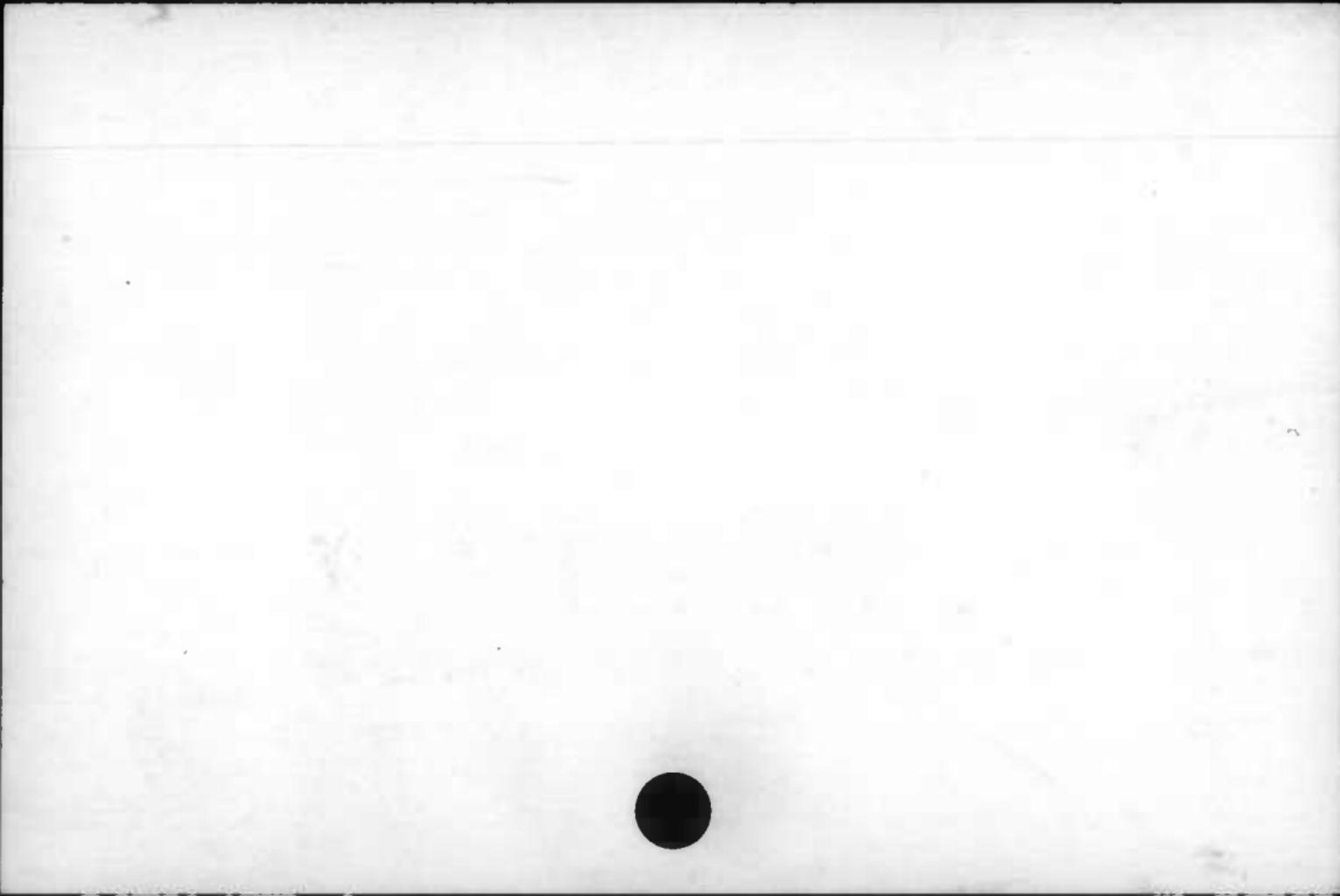
yes

Signature of Physician

Address

93
How long 0 days
two months
How long one day
Wm. J. Henry
Dearborn
Dearborn Co.

Accident or Suicide



Name
in
Full

Mary E. Denny.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Wye Mills		Anne Arundel				
Date of death	1908	Month	2 nd	Day	16	Years
Age					Months	3
Sex	Female	Color or Race	White	Birth-place		Wye Mills Md
Occupation	Child		Where Residing if not at place of death		Wye Mills Md	
Married, Single or Widowed			Name of Wife or Husband	Child		
Father's Name	Wm. C. Denny				Father's Birthplace	Md
Mother's Maiden Name	Bertha May. Wilson				Mother's Birthplace	Md
Name of person giving information	Wm. C. Denny				How related to deceased	Father

CAUSES OF DEATH

103

V

How long

6 Hours

How long

20 minutes

Primary

Acute Indigestion

Immediate

Heart Failure & Strangulation

Are the name, age, sex, color, date and place correctly given above?

yes

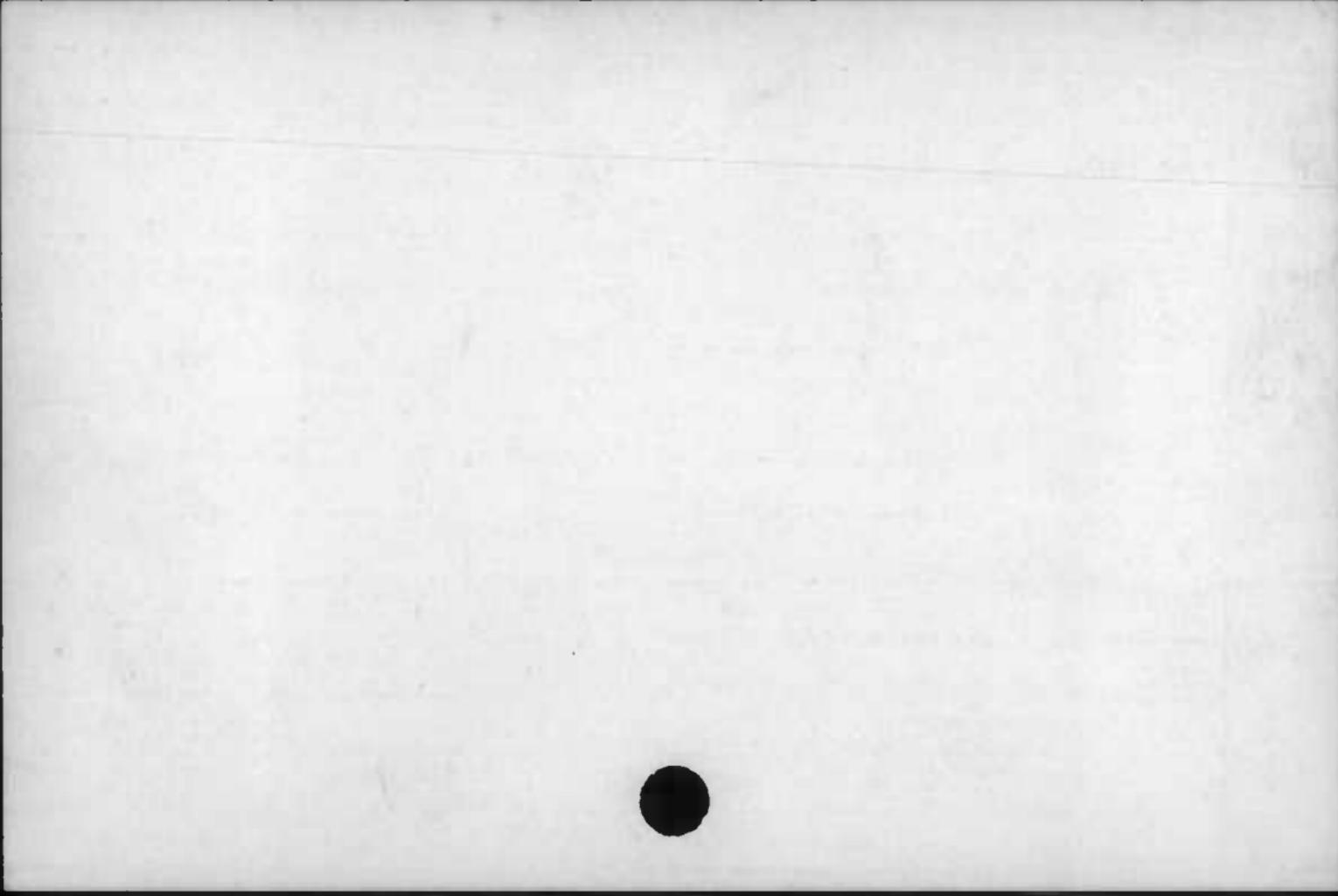
Signature of Physician

Address

J. H. Slack M.D.

Wye Mills Md.

Accident or Suicide?



Name
in
Full

Louis P. Suddley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Bethelville		Town	County Fairfax		MARYLAND	
Date of death 1960	Month 2	Day 17	Age 84	Years	Months	Days
Sex Male	Color or Race caucasian			Birth-place Maryland		
Occupation Farmer	Where Residing if not at place of death Bethelville, Md.					
Married, Single or Widowed	Name of Wife or Husband Mary E. Suddley			Father's Name Jeremiah Suddley	Father's Birthplace Virginia	
Mother's Maiden Name Jennie Avery			Mother's Birthplace Maryland			
Name of person giving information Mary E. Suddley			How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cardiovascular & Apical	How long 8 or 10 hours
Immediate Respiratory & Cardiac Arrest	How long Immediately
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J. Moore
	Address 1000 Rockville Rd Bethesda Md
Accident or Suicide? Accident	

Name
in
Full

Eugene Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County	
Died at Queenstown		Queen Anne	
Date of death 1900	Month 2nd	Day 14th	Years 66
Sex Male	Color or Race white	Age 66	Months unknown
Occupation Paper Hanger	Where Residing if not at place of death Home		
Married, Single or Widowed Married	Name of Wife or Husband Emma Ruggoll		
Father's Name James Hopkins	Father's Birthplace Kent Island		
Mother's Maiden Name Anna E. White	Mother's Birthplace Kent Island		
Name of person giving Information Emma Hopkins	How related to deceased wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Louis Hergenrather J.P.
Sub Register

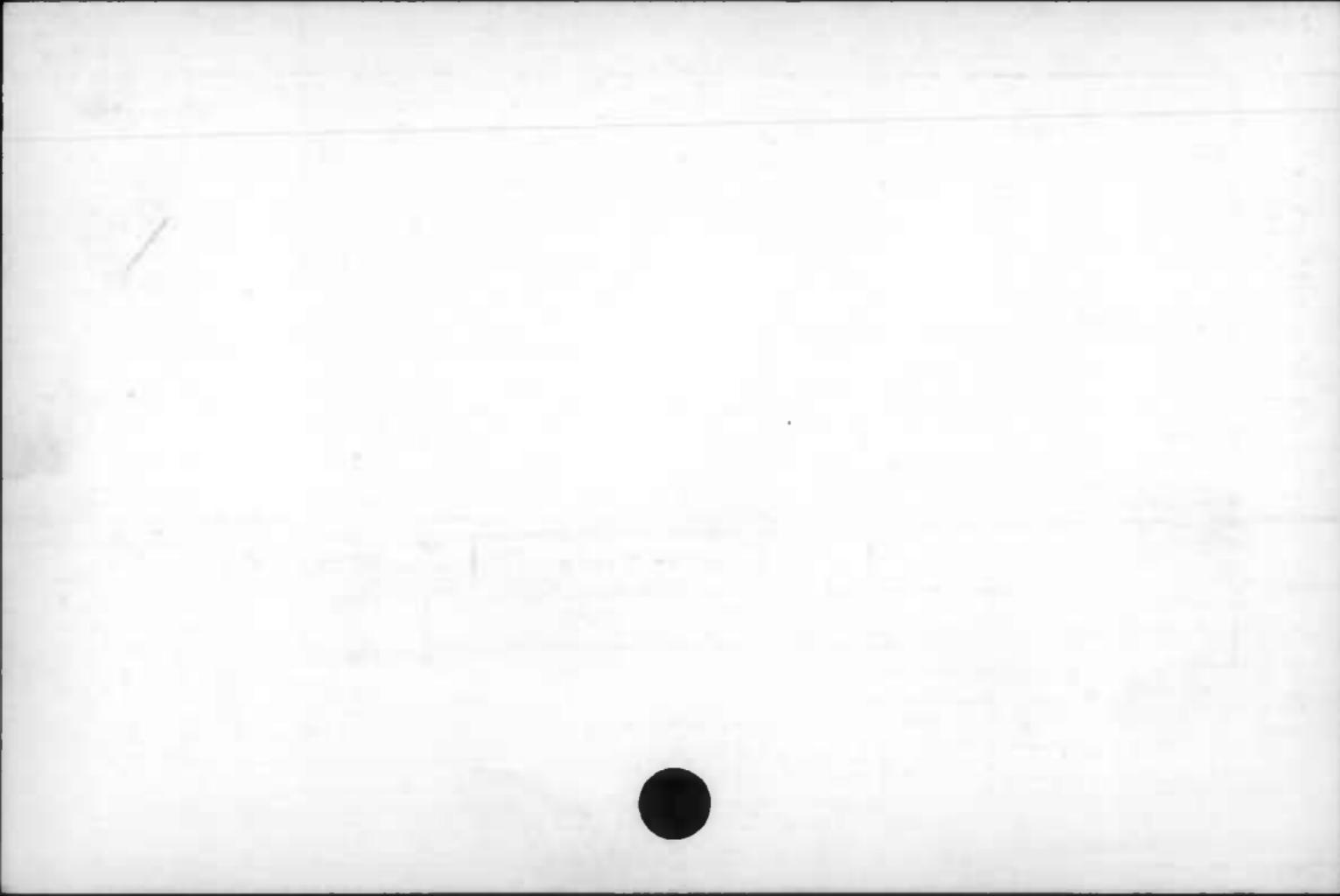
Accident or Suicide

How long

How long

12 hours.

1894



Name
in
Full

Annie M. Jump

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Ruthsburg		Queen Anne's				
Date of death	1910	Month Feb.	Day 15 th	Years 76	Months 5-	Days
Sex	Female	Color or Race	White		Birth-place Caroline Co. Md.	
Occupation	House keeping			Where Residing if not at place of death		
Married, Single, or Widowed				John T. Jump		
Father's Name	James Turner			Father's Birthplace Caroline Co. Md.		
Mother's Maiden Name	Celia Stack			Mother's Birthplace Caroline Co. Md.		
Name of person giving Information	Elanora Turner			How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General debility
Immediate Shock from a fall

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

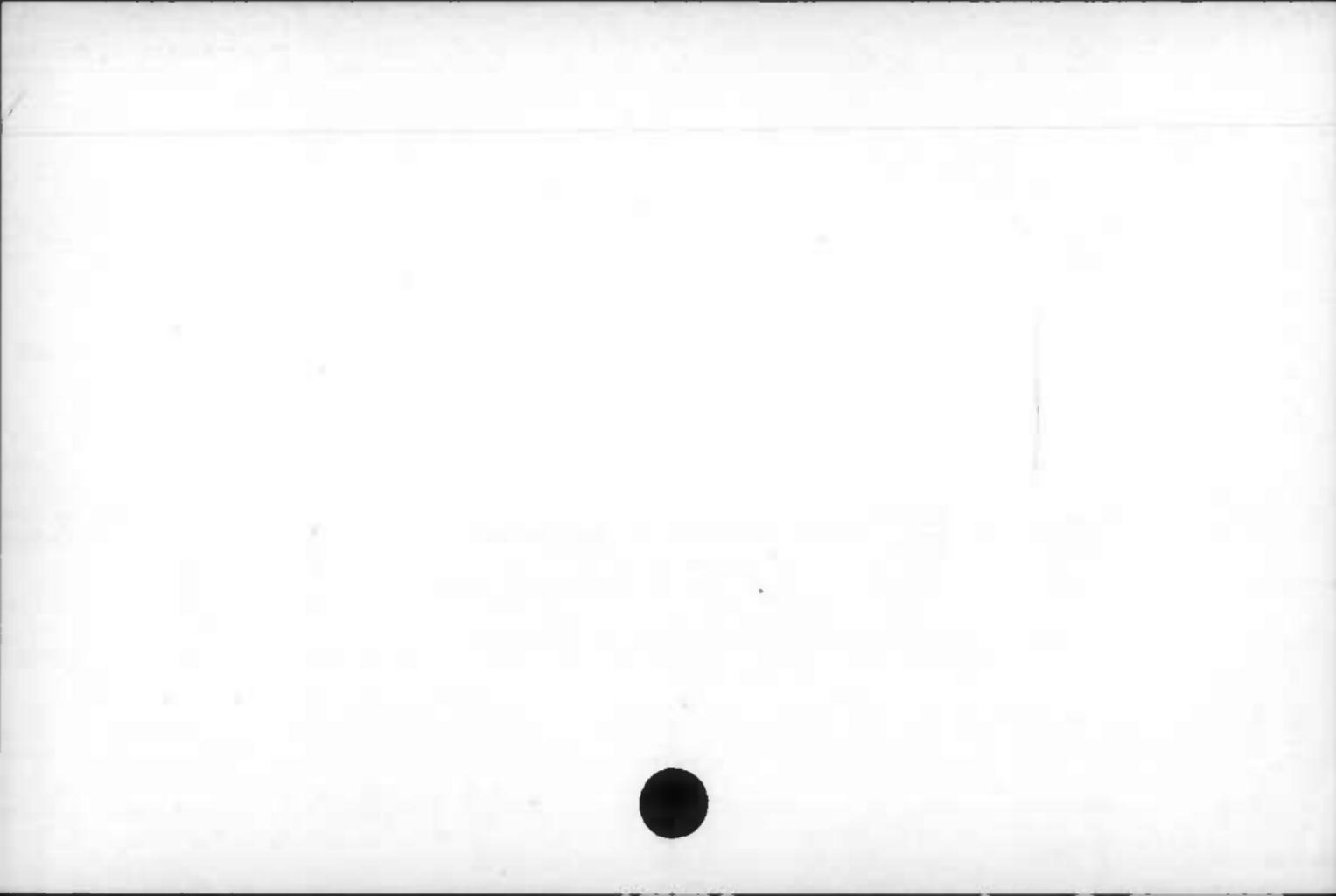
Walter H. Fenby,
Centreville,
R.R. No. 4. Md.

Accident [REDACTED]

106 172 ✓

How long

3 weeks and 3 days



Name
in
Full

Horace McLeamy Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1900	Month Feb	Day 16	Year	Month	Days
Sex Male	Color or Race	Age	15	1	
Occupation House	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George H. Lewis				
Mother's Maiden Name	Anna E. Stevost				
Name of person giving information	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pneumonia
Obstruction

Immediate

How long

3 days 1-
1 hr

Are the name, age, sex, color, date and place correctly given above?

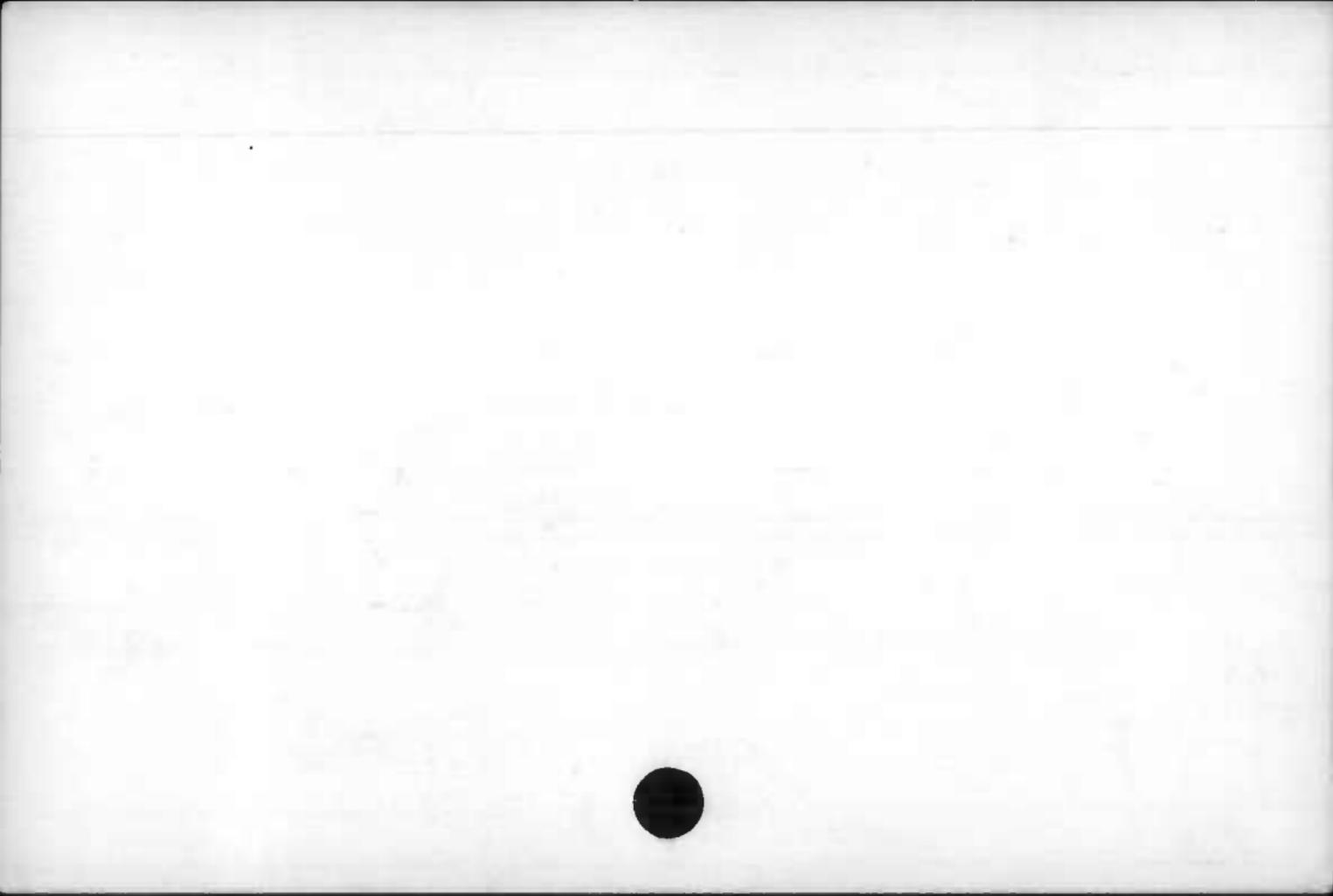
Yes

Signature of
Physician

Address

Accident or Suicide

No



Name
in
Full

Ida Nickel

CERTIFICATE OF DEATH

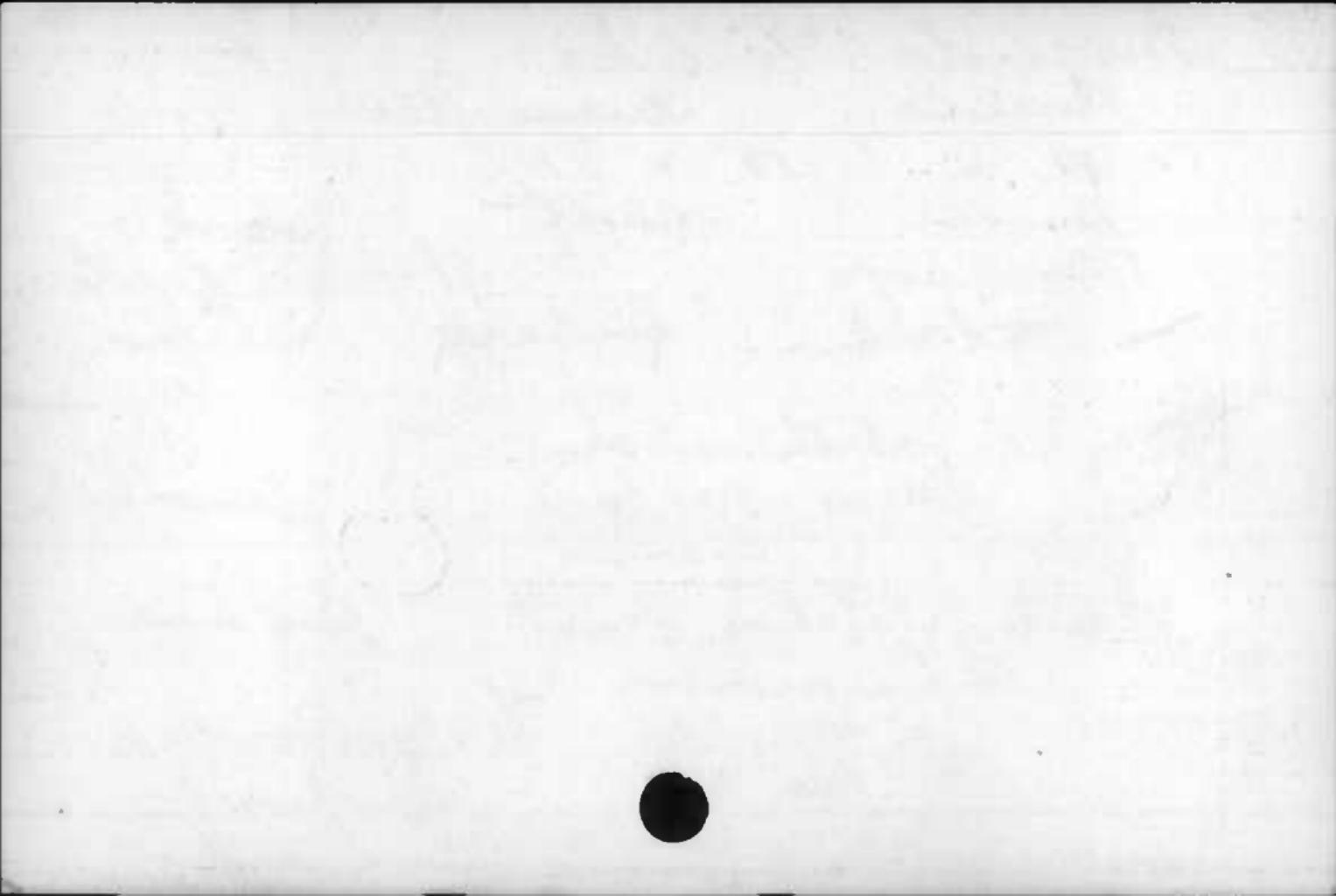
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1970	Month 2	Day 15	Age 1	Years	Months 2	Days
Sex	Female		Color or Race	Hebrew		Birth-place	Centreville
Occupation	house		Where Residing if not at place of death	Centreville Md			
Married, Single or Widowed	Single		Name of Wife or Husband	none			
Father's Name	Mandrel Nickel		Father's Birthplace	Russia			
Mother's Maiden Name	Rachel Pushkin		Mother's Birthplace	Russia			
Name of person giving Information	Mandrel Nickel		How related to deceased	Husband			

CAUSES OF DEATH

8

Primary	Whooping Cough		How long	2 weeks
Immediate	Pneumonia		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. F. Smith	
		Address	Centreville Md.	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Amanda Phillips

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1910	Month 2	Day 10	Years 86	Months	Days	
Sex	female	Color or Race	White		Birth-place	Ted.	
Occupation	Housewife		Where Residing if not at place of death		at place death.		
Married, Single or Widowed	Widow		Name of Wife or Husband	Richard Phillips			
Father's Name	Thomas Hewatt		Father's Birthplace		Md		
Mother's Maiden Name	Elizabeth Osborn		Mother's Birthplace		Md		
Name of person giving Information	David Wallace		How related to deceased		Son-in Law.		

CAUSES OF DEATH

79

Primary Acute dilatation Heart

How long

Two hours.

Immediate

Aphrodisia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

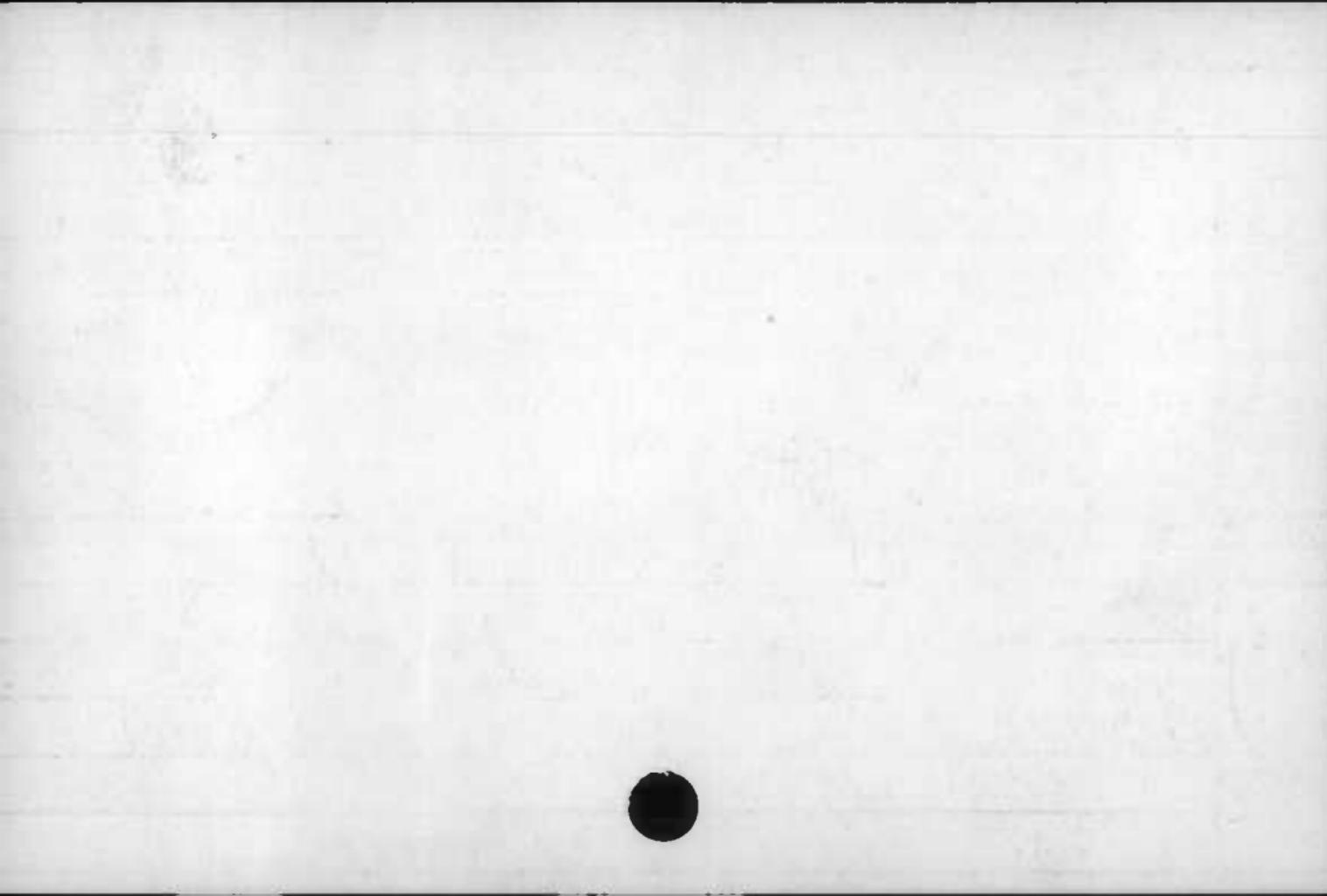
Address

W. W. Bowen M.D.

Englewood
Tad.

Accident or Suicide?

No.



Name
in
Full

Mildred L. Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stevensville</u>		Town	County <u>Q. D.</u>	
Date of death <u>1910</u>	Month <u>Feb</u>	Day <u>8</u>	Age <u>4</u>	Years
Sex <u>Female</u>	Color or Race <u>Black</u>	Montha <u>10</u> Days <u>—</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Kent Island Md.</u>	Birth-place <u>"</u>	" " "	
<u>Single</u> <u>or Widowed</u>	Name of Wife or Husband <u>Thomas Pierce</u>	Father's Birthplace <u>K. I. Md.</u>		
Mother's Maiden Name <u>Josephine Green</u>		Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Jennie Green</u>		How related to deceased <u>Grandmother</u>		

CAUSES OF DEATH

48

How long

How long

Primary

Diphyl & Rheumatism

1 year

Immediate

Complications

2 mo.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. Percy Kemp
Stevensville Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

John H. Pullman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town County
Melfiington Queen Anne MARYLAND

Diabet	Month	Day	Years	Months	Days
Date of death 190	Feb	28	Age 47		
Sex Male	Color or Race Colored	Birth-place Kent Co. Md.			
Occupation Farm labourer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Verdie Pullman				
Father's Name R E Pullman	Father's Birthplace Kent Co. Md				
Mother's Maiden Name Julia Clark	Mother's Birthplace Kent Co. Md.				
Name of person giving Information Verdie Pullman	How related to deceased 1 Wife				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Hybrid food

How long

4 Weeks

Immediate

Perforation

How long

8 hours

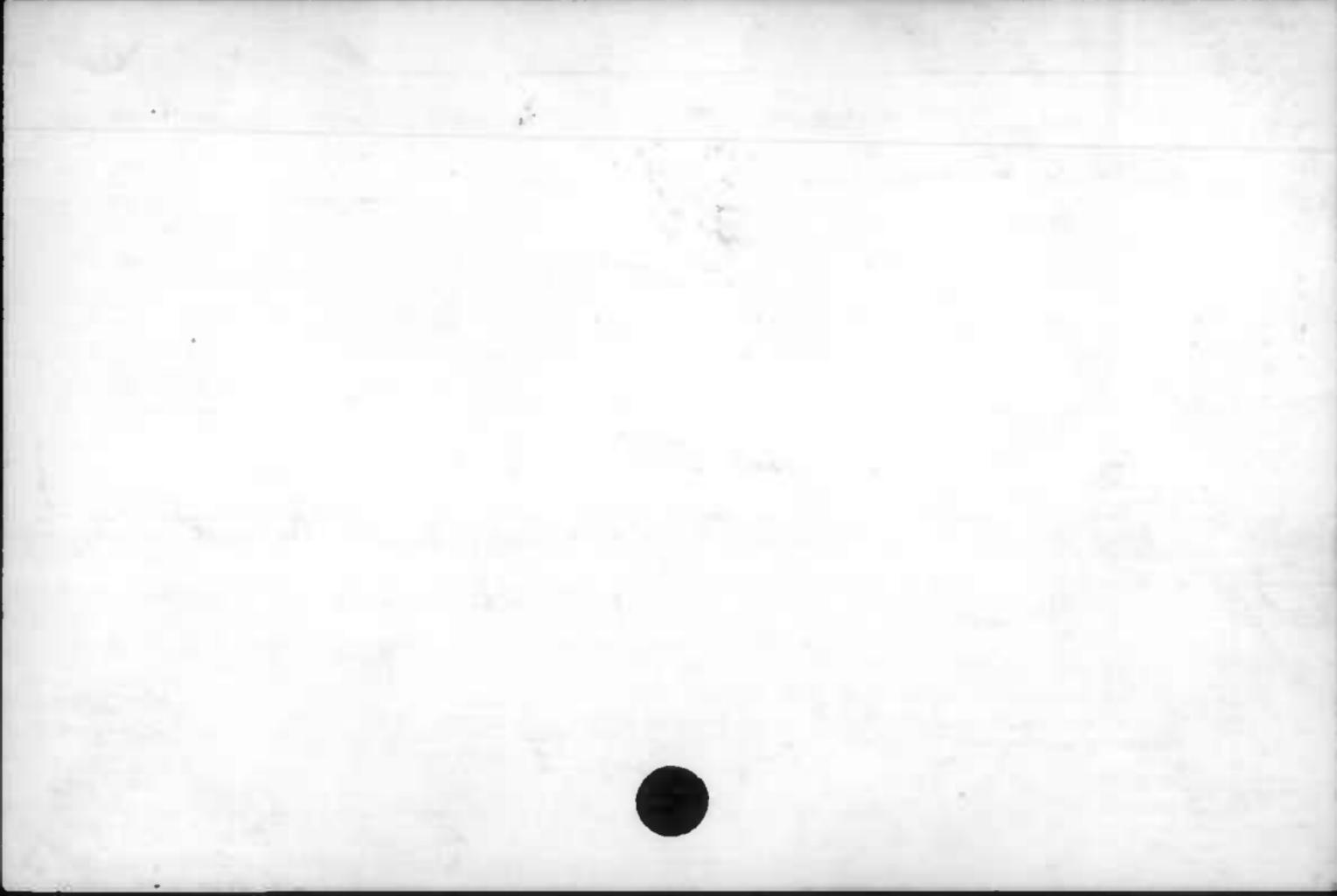
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Pullman MD
Melfiington Md

Accident or Suicide



Name
in
Full

John W H Quail

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1910	Month Feb	Day 3	Years 69	Months 2	Days -	
Sex	male	Color or Race	White	Birth-place	Balt. city		
Occupation	Waterman	Where Residing if not at place of death					
<input checked="" type="checkbox"/> Widowed	widower	Name of Wife or Husband	now				
Father's Name	nat Known	Father's Birthplace					
Mother's Maiden Name	nat Known	Mother's Birthplace					
Name of person giving Information	john W Quail	How related to deceased					

Primary Cause of Death: **Was struck by a W. & B. RR train**
both legs were broken and his skull
How long: **164** days

Immediate Cause of Death: **RR accident (crushed)**
How long: **175** days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

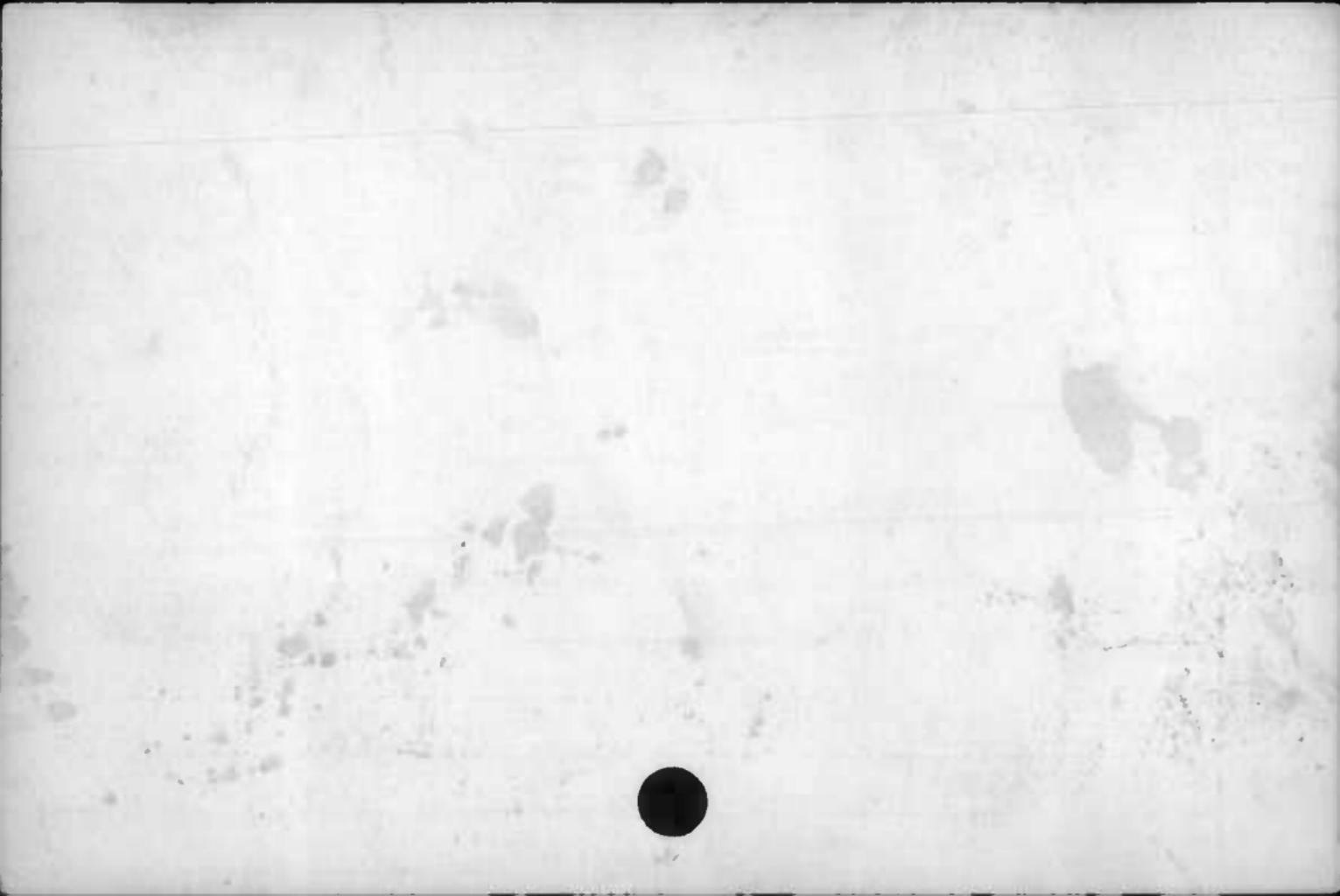
Address

Charlottesville 9th
Coroner

decedent

Accident or Suicide?

Ford's Stone Ma



Name
in
Full

Anna Reinske

CERTIFICATE OF DEATH

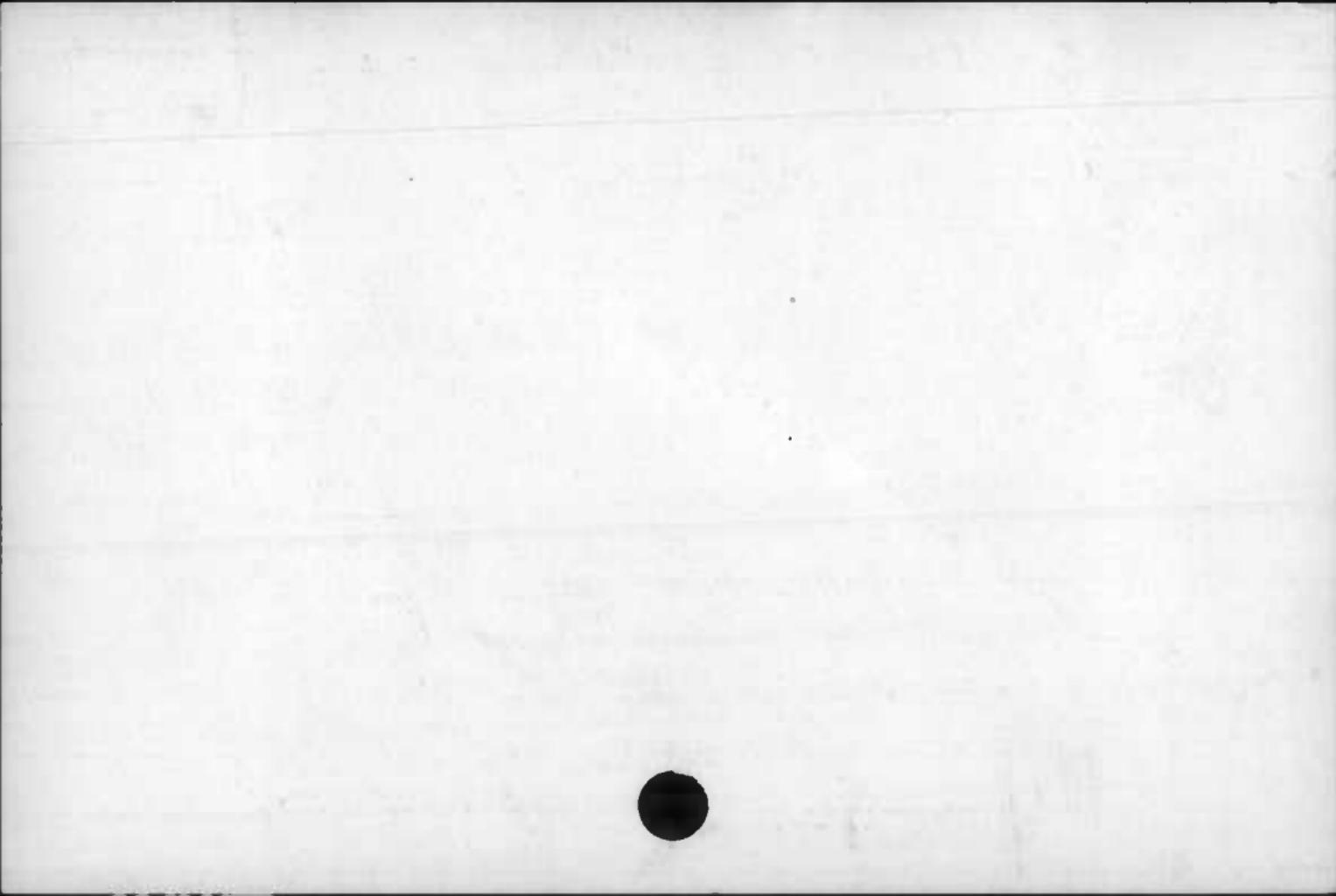
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hermitage</u>		Town	County <u>Sum. Am</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>2</u>	Day <u>5</u>	Age <u>41</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White-American</u>	Birth-place <u>Pennsylvania</u>				
Occupation <u>House Keeper</u>	Where Residing if not at place of death <u>Hermitage</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>John C. Reinske</u>					
Father's Name <u>George Stark</u>	Father's Birthplace <u>Don't Know</u>					
Mother's Maiden Name <u>Elvina</u>	Mother's Birthplace <u>Don't Know</u>					
Name of person giving information <u>Wm. A. Reinske</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	50	v
Immediate <u>Cardiac Paralysis</u>	How long <u>Don't Know</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician	<u>Wm. A. Reinske</u>
	Address	<u>111 Main Street</u>
Accident or Suicide? <u>No</u>		<u>Summitville</u>
		<u>W.M.</u>



Name
in
Full

Mrs Amanda Ror

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1910	Month 2	Day 7	Years 43	Months	Days
Sex	Female	Color or Race	White	Birth-place Md		
Occupation	Wife		Where Residing if not at place of death	Md		
Married, Single or Widowed	Name of Wife or Husband		Medford Ror			
Father's Name	Wm Henry Thompson		Father's Birthplace	Md		
Mother's Maiden Name	Mary Ann Phillips		Mother's Birthplace	Md		
Name of person giving Information	Medford Ror		How related to deceased	Husband		

CAUSES OF DEATH

119

How long

Two months

How long

Two weeks

PHYSICIAN
OR CORONER

Primary

Toxaemia

Immediate

" Uremia, Cardiac Paralysis

Are the name, age, sex, color, date and place correctly given above?

yes

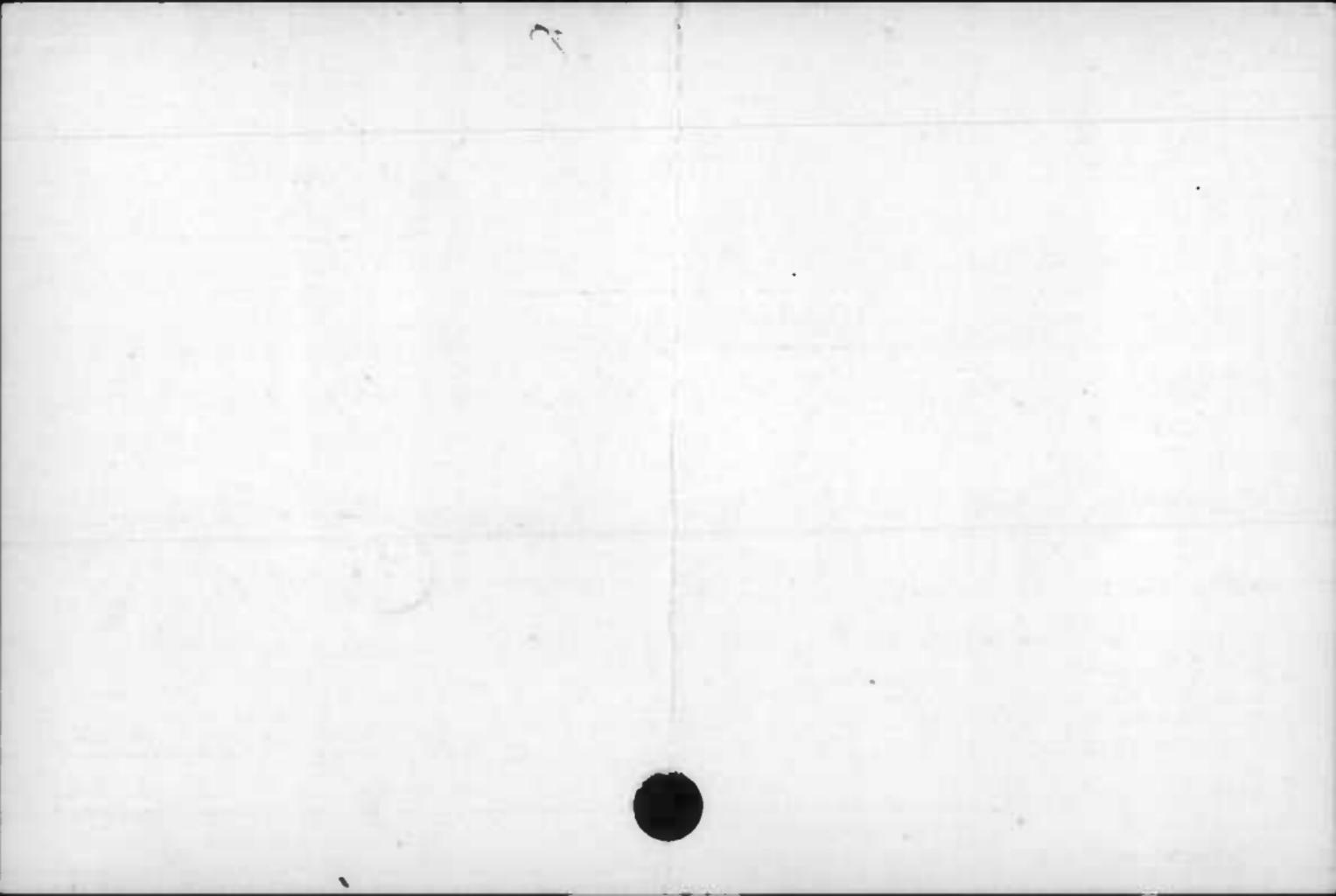
Signature of Physician

Foster Suds

Address

Sudsbury Md

Accident or Suicide?



Name
in
Full

Mrs. Fannie F. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Church Hill	Years	7	Months	1
Date of death	1910 Feb 20	Month	Feb	Day	11
Age	64	Years	7	Months	1
Sex	Female	Color or Race	White	Birth- place	New Castle Md
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Married				
Father's Name	Harry Smith				
Mother's Maiden Name	Jude Reed				
Name of person giving Information	Mrs. Fannie Smith				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

93

✓

How long

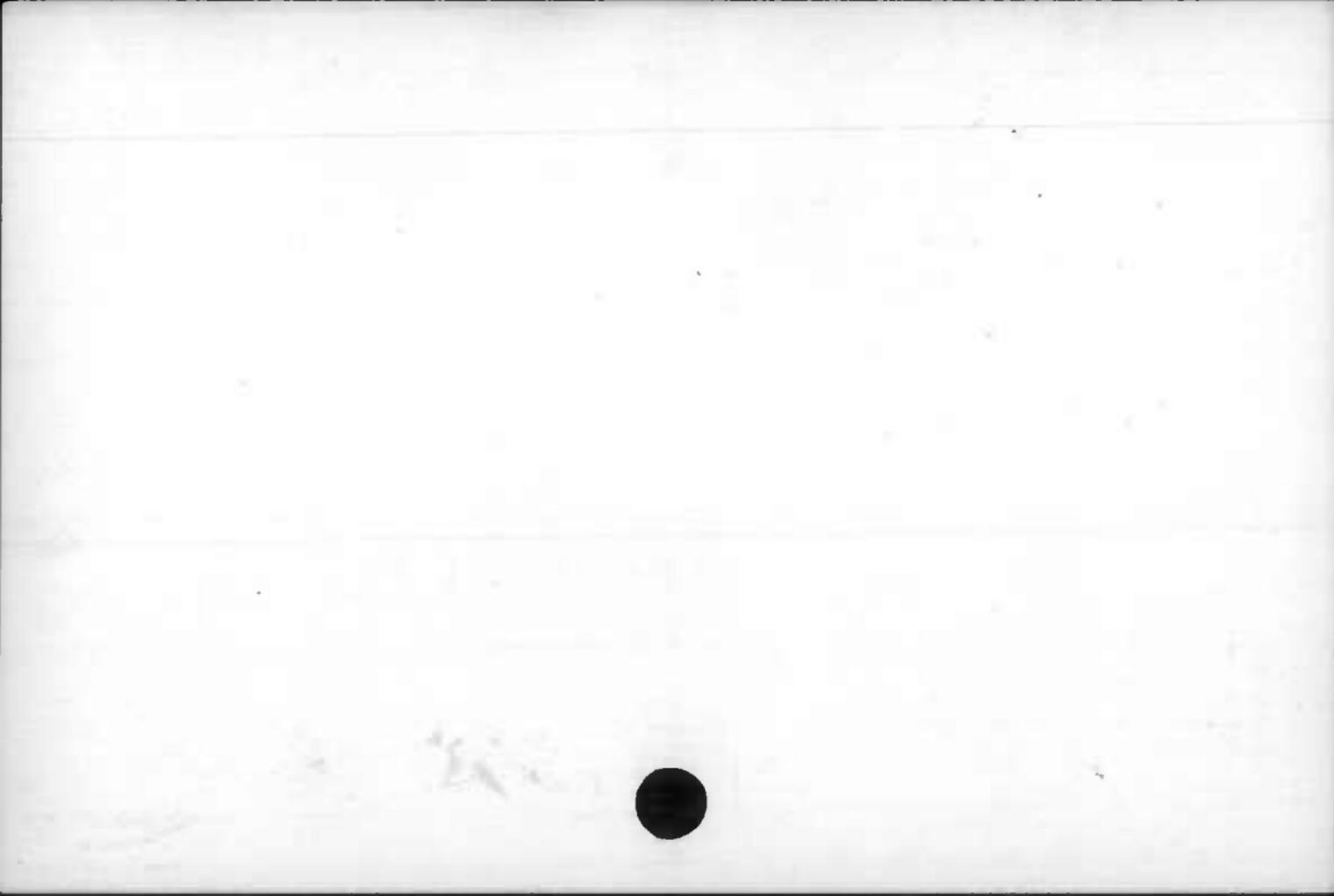
5 days.

How long

Hours

J. J. S. Dudgeon M.D.
Church Hill
New Castle Md

Accident or Suicide



Name
in
Full

Samuel Newton Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Willoughby		Anne Arundel			
Date of death 1900	Month 2 nd	Day 16	Years 79	Month 10	Days 3
Sex Male	Color or Race White	Birth-place Talbot Co. Md			
Occupation Merchant	Where Residing if not at place of death Willoughby				
Married, Single or Widowed	Name of Wife or Husband Susan L. Smith				
Father's Name James Smith	Father's Birthplace Ind.				
Mother's Maiden Name Amelia Grayson	Mother's Birthplace Ind.				
Name of person giving Information Margareta A. Rhodes	How related to deceased Daughter				

CAUSES OF DEATH

81

How long

How long

Primary

Old age, Arterio-sclerosis & consequent malnutrition

Immediate

Natural Causes

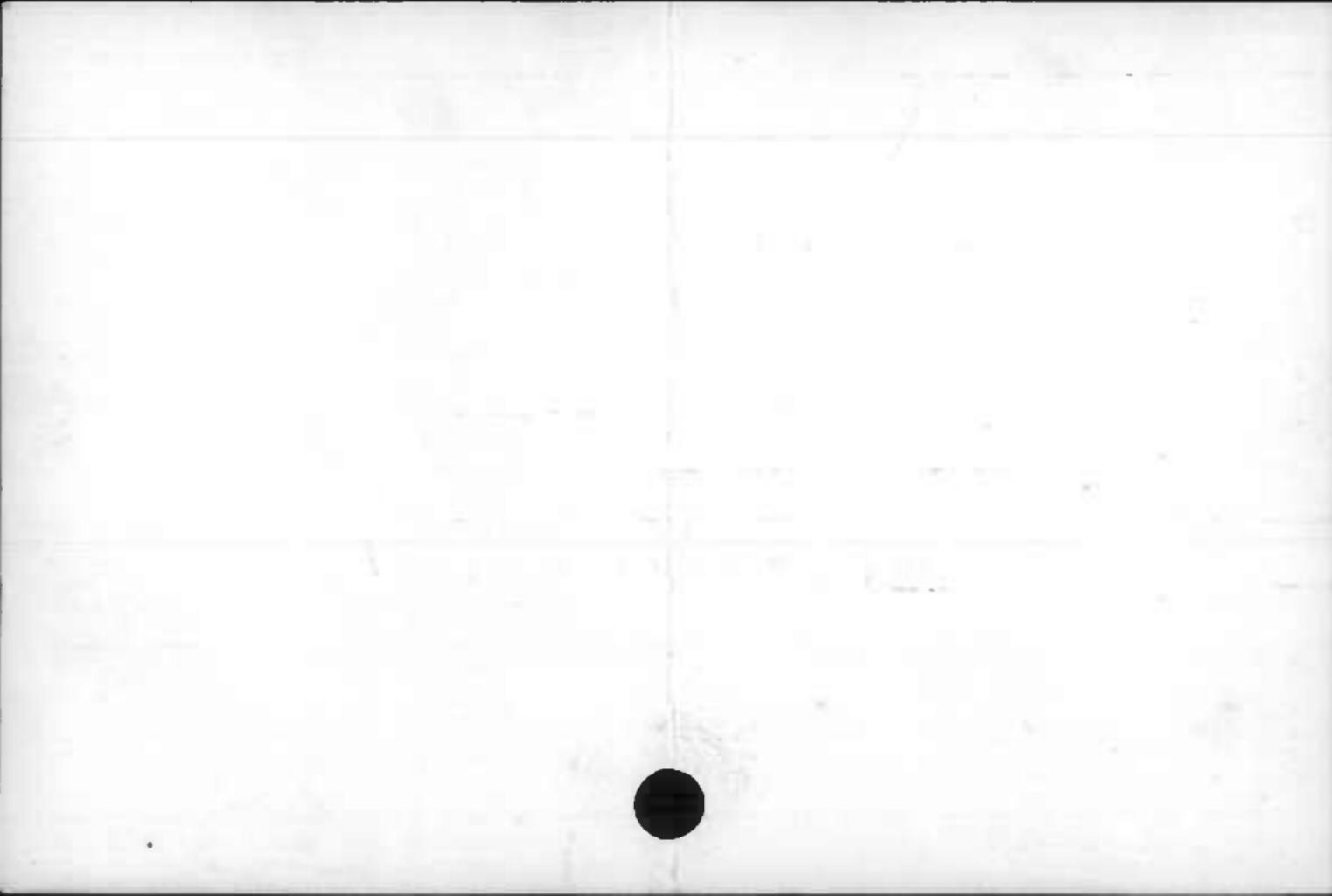
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

David Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town		County		MARYLAND	
Died at Town	County	8 June Co	County	MARYLAND	
Date of death 1900	Month Feb	Day 19	Year 60	Months -	Days -
Sex Male	Color or Race Negro	Birth- place 806			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband Fanny Spencer	Father's Birthplace			
Father's Name Manuel Spencer	Mother's Birthplace				
Mother's Maiden Name Unknown	How related to deceased				son
Name of person giving Information Waller Spencer					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

Immediate

Exhaustion

2 week's

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

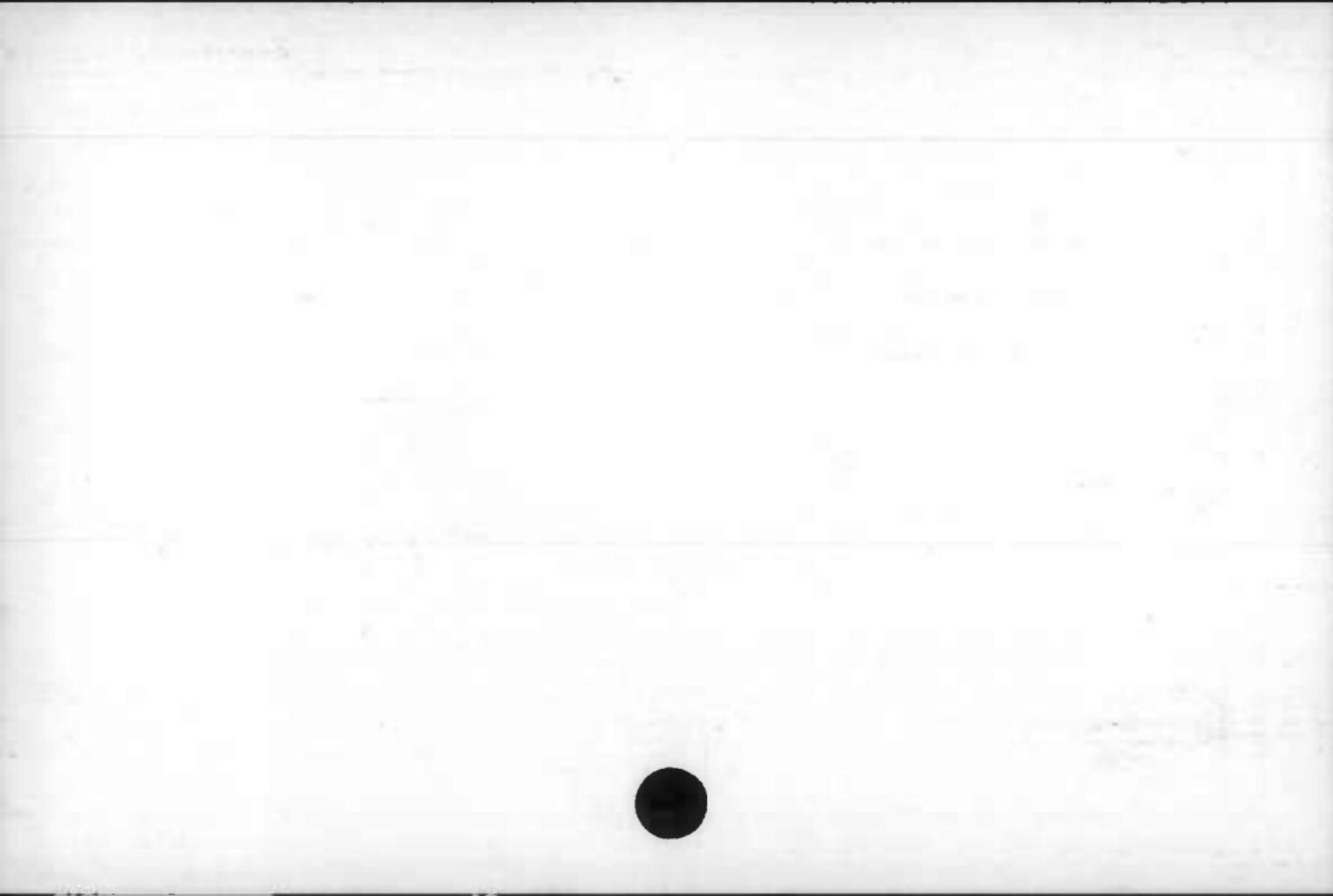
Signature of
Physician

Address

Walter E. Sanders

Crompton

Accident or Suicide



Name
in
Full

James Thomas
Cross Roads

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>1960</u>		Month <u>July</u>	Day <u>14</u>	Age <u>78</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>black</u>	Birth- place <u>MD</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anthony Thomas</u>	Domicile <u>Don't Know</u>					
Father's Name <u>Anthony Thomas</u>	Father's Birthplace <u>MD</u>						
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>						
Name of person giving Information <u>Anthony Thomas</u>	How related to deceased <u>Nephew</u>						

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Leptospiral

(10)

How long 1 week

Immediate Perforation of Heart

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

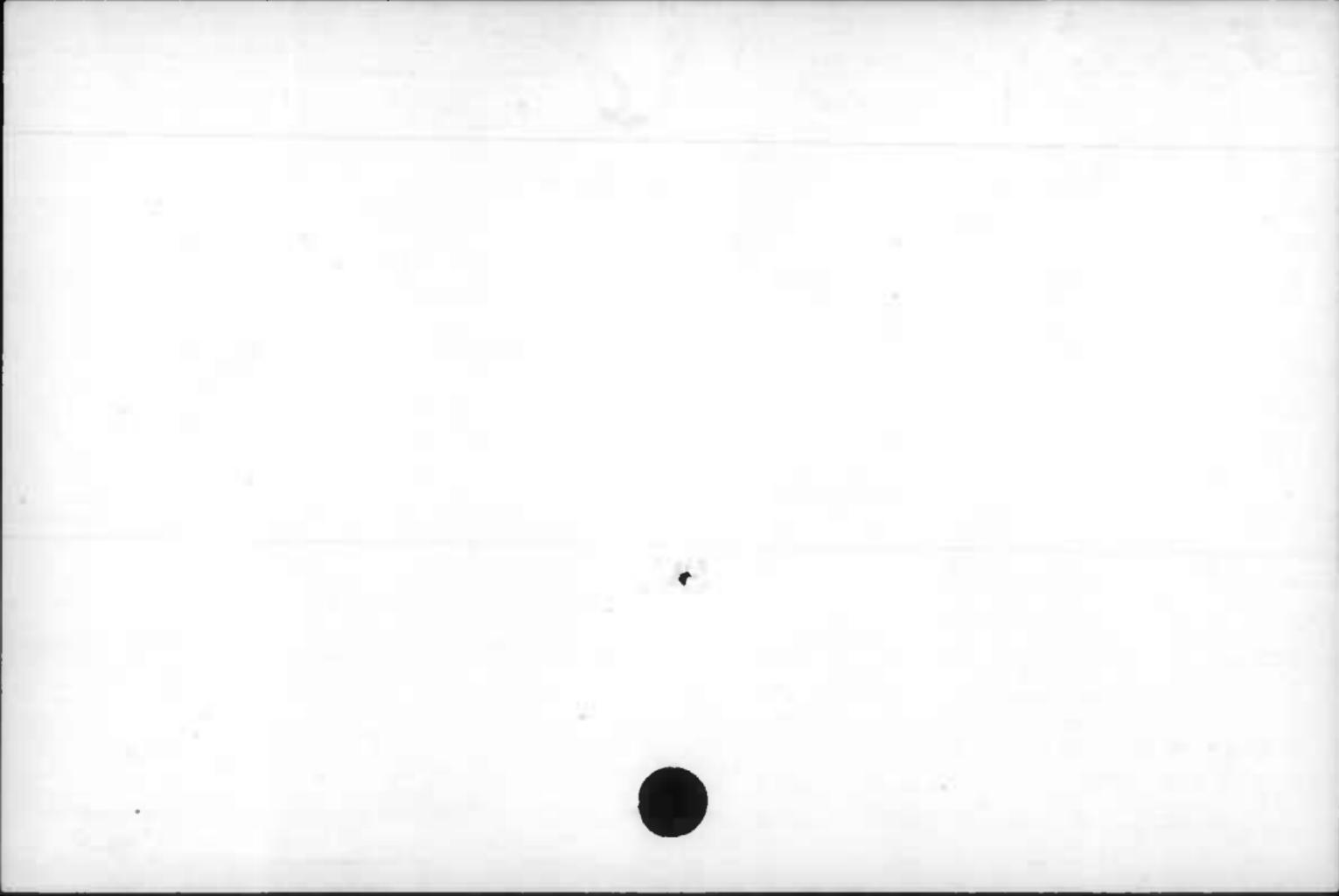
Signature of
Physician

Address

D. M. Shorr, M.D.

Hillsboro, Md

Accident or Suicide M



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Mar Indusiville Queen Anne</u>		County <u>MARYLAND</u>			
Date of death <u>1940</u>	Month <u>2</u>	Day <u>27</u>	Years <u>12</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>	Father's Birthplace <u>Md.</u>			
Father's Name <u>Charles Tolson</u>	Mother's Maiden Name <u>Lotie Mason</u>	Mother's Birthplace <u>Md.</u>			
Name of person giving Information <u>Joseph Mason</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Consumption 3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

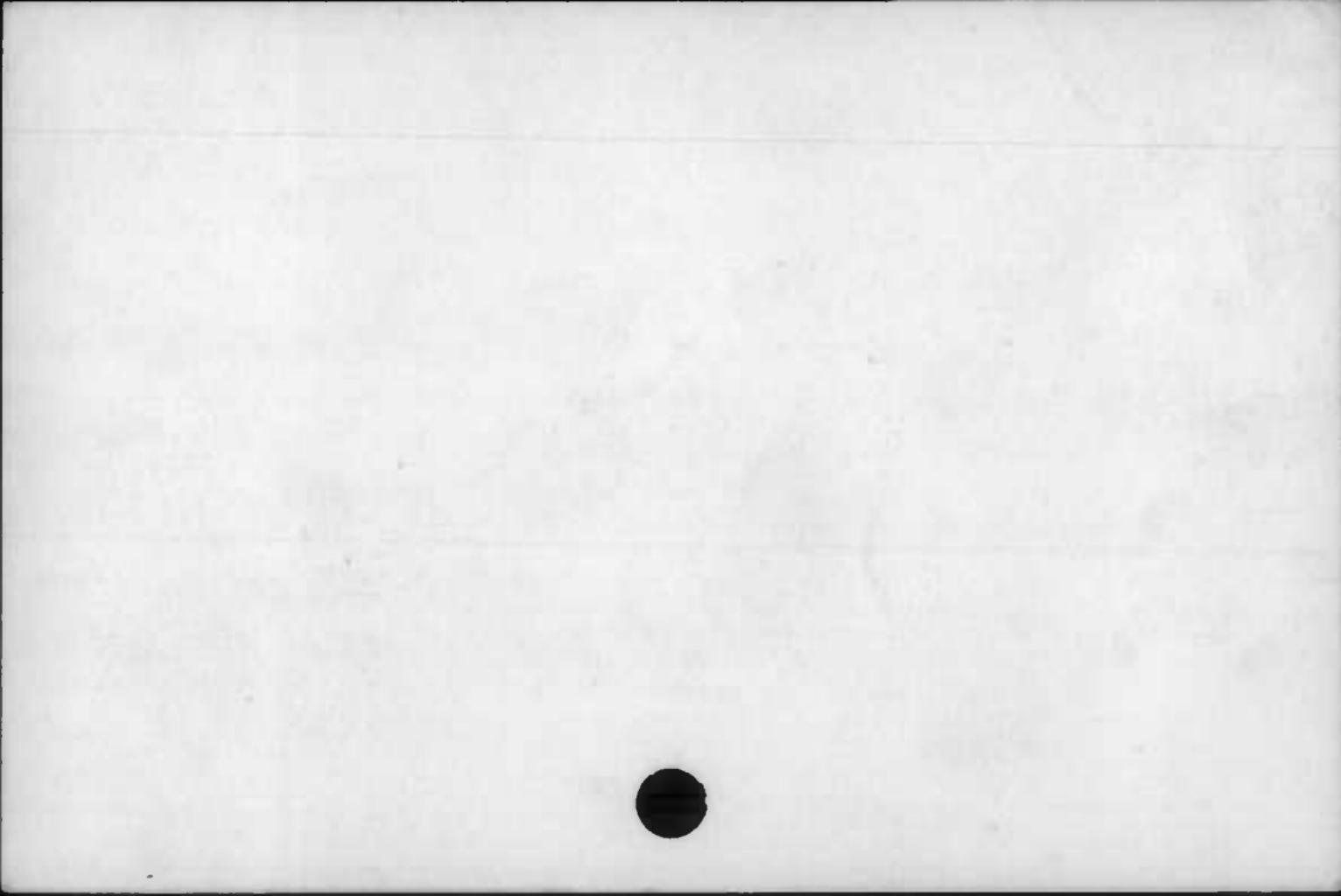
Signature of Physician

Address

J. R. Smith

Empireville Md

Accident or Suicide?



Name
in
Full

Mary Victoria Zolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1980	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Caucasian		Birth-place	Kent Is.
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	John H. Zolson			
Father's Name	James Buckley		Father's Birthplace Kent Is.			
Mother's Maiden Name	Mary Stapp Rines		Mother's Birthplace 114			
Name of person giving Information	Edw W. Zolson		How related to deceased Son			

CAUSES OF DEATH

Primary

Aortic Regurgitation
Stomach disorder

79

How long

2 years

2 wks.

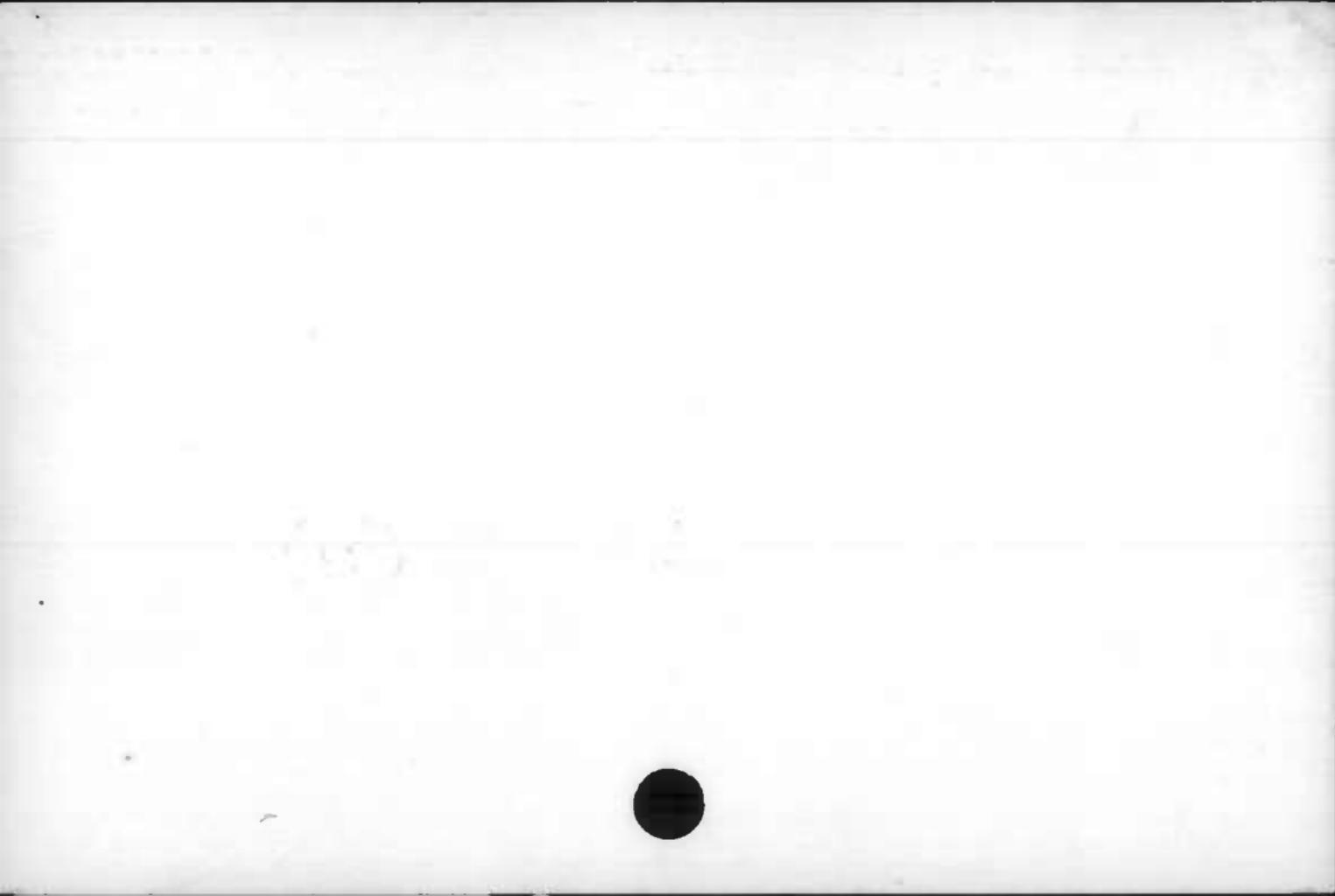
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed Watson

CERTIFICATE OF DEATH

Town Stevensville Queen Anne County MARYLAND

Died at Stevensville Queen Anne Month Feb Day 8 Years 8 Montha 8 Days 8

Date of death 190 Month Feb Day 8 Age 8

Sex Male Color or Race White Birthplace Kent Island

Occupation None Where Residing if not et place of death ..

Married, Single or Widowed Single Name of Wife or Husband ..

Father's Name John J. Watson Father's Birthplace Kent Island

Mother's Maiden Name Mollie Espey Mother's Birthplace ..

Name of person giving Information John J. Watson How related to deceased Father

CAUSES OF DEATH

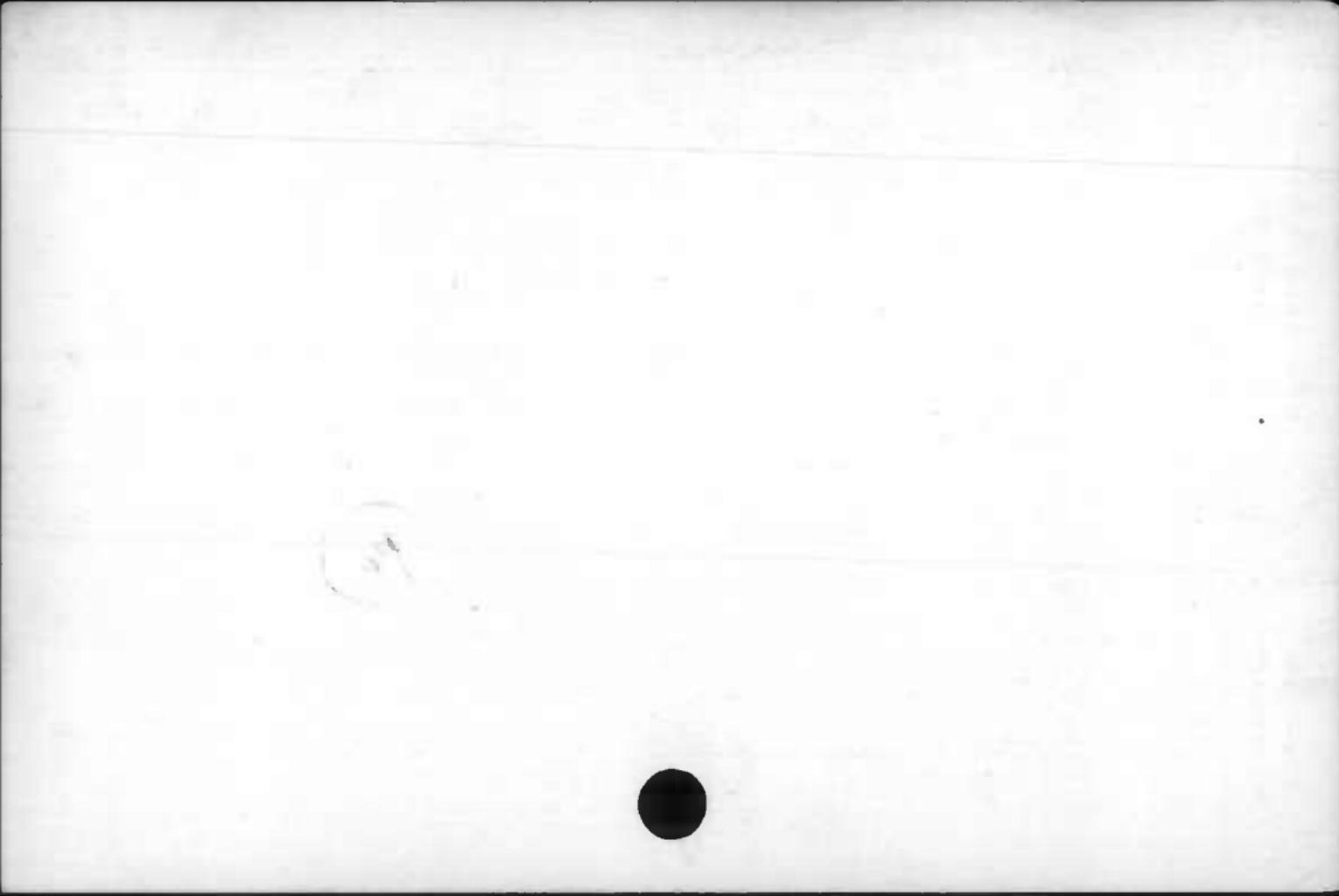
Primary 25 ames How long 72 How long 24

Immediate Convulsions How long 2 days 6 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm. Henry

Address Stevensville

Accident or Suicide no



Name
in
Full

Boles Elizabeth Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Town Starr County D.A. Co.

Date of death 1910 Month 2nd Day 22nd Age 1 Years 4 Months 4 Days 22

Sex Female

Color or Race

Blonde

Birth-place

D.A. Co.

Occupation

Child

Where residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Geo. M. Wilson

Father's
Birthplace

D.A. Co.

Mother's
Maiden Name

Amelia Thomas

Mother's
Birthplace

D.A. Co.

Name of person giving
Information

Amelia Thomas

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Bat strike

How long

7 days

Immediate

Broncho-pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Harry Clark Coroner

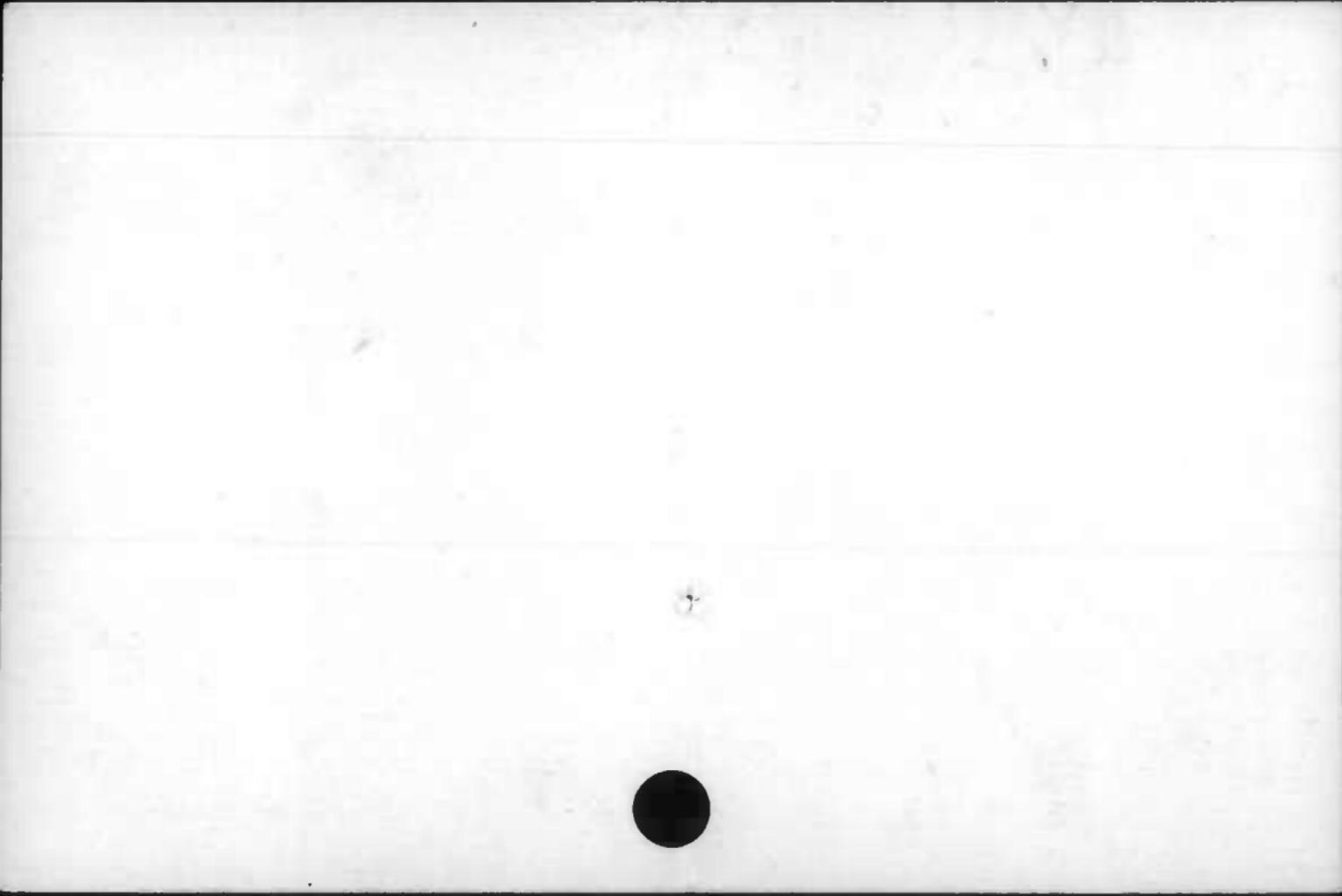
Green Anne Md

PHYSICIAN
OR CORONER

Accident or Suicide

no.

H. W. B. Row, M.D.



Name
in
Full

Grace V. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brownsville		County Queen Anne's		MARYLAND	
Date of death 1910 Feb. 1st	Month Feb.	Day 1st	Years 17	Months 10	Days 00
Sex Female	Color or Race Black	Birth-place Queen Anne's			
Occupation None	Where Residing if not at place of death Brownsville				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Henry Wilson	Father's Birthplace Kent Island				
Mother's Maiden Name Mary A Anderson	Mother's Birthplace Queen Anne's				
Name of person giving information Henry Wilson	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

28

V

Immediate

Exhaustion

How long

18 months

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

**she was seen by a Dr.
18 months ago he went ill
and**

Address

**John W. Salmon
sub Register**

Accident or Suicide?

No

